



CHILD SUPPORT ORDER INFORMATION SHEET

As per Supreme Court Administrative Order No. 168 (amended), all new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by this child support order information sheet.

Purpose: Federal law requires Kansas to process child support through a single location in the state. **To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.**

Who submits this information sheet: The payee's attorney shall submit a child support order information sheet with any new or modified non-IVD support orders filed with the Clerk of the District Court.

Case Number: You must give the full, accurate case number, or payments may be delayed. The case number may be copied from the child support order.

Date: _____ **Trustee Fee:** Active or Inactive (please check one)

Case Number: _____

Payer's Name: _____ **Date of Birth:** _____

Gender: Male Female **SSN:** _____ ***If SSN or**

DOB not known, give reason for unavailability:

Address, City, State, Zip _____

E-mail Address: _____

Phone Numbers (mark primary): Home (____) _____

Work (____) _____

Cell (____) _____

Payee's Name: _____ **Date of Birth:** _____

Gender: Male Female SSN: _____ *If SSN or
DOB not known, give reason for unavailability:

Address, City, State, Zip _____

E-mail Address: _____

Phone Numbers (mark primary): Home (____) _____

Work (____) _____

Cell (____) _____

Debt Type:	Amount	Start Date	Obligation Frequency:
<input type="checkbox"/> CS	_____	_____	<input type="checkbox"/> Weekly
<input type="checkbox"/> MN	_____	_____	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> OT	_____	_____	<input type="checkbox"/> Semi-Monthly
			<input type="checkbox"/> Monthly

Child #1: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

Child #2: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

Child #3: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

Child #4: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

Child #5: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

Child #6: Name: _____ **Date of Birth:** _____
Gender: Male Female
SSN: _____

List additional children on a separate sheet.

Third Party Payee: _____

Provide the following if payee is an individual:

Gender: Male Female **Date of Birth:** _____

SSN: _____ (***If SSN or DOB not known, give reason for unavailability**)

Address, City, State, Zip: _____

***Absent extenuating circumstances as determined by the Kansas Payment Center, Payers' and Payees' Social Security Numbers and Dates of Birth must be provided on this form.**

Form Completed By: _____